

An
Essay on
Pneumonia

Respectfully Submitted

to the

Faculty of the
Homoeopathic Medical College
of Pennsylvania

on

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by

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Penna

This is perhaps one of the most difficult diseases the physician has to contend with, owing to the many diseases with which it may be complicated. But if it is not complicated with any other disease, and occurs in persons of a good constitution, there is every reason to hope for a favourable termination.

This disease consists of an inflammation of the spongy tissue or parenchyma of the lungs.

The inflammation may occupy a considerable extent of the lung, embracing a whole lobe or even the whole lung. It is usually confined to one lung, although it occasionally attacks both.

It sometimes affects exclusively the air-cells, then again more especially the cellular tissue intervening between the different cells, but most generally

21
it occupies the whole of the constituents which form the pulmonary parenchyma, including the air-cells, smaller bronchial tubes, their intervening cellular tissue, and the vascular ramifications. This disease may be of short or protracted duration, and is not confined to any age, but most generally attacks persons between the age of seventeen and fifty years.

For the sake of convenience it has been divided into three stages; marked by characteristic pathological conditions of the organs. The first stage is that of bloody infiltration or engorgement, in which the capillary vessels become distended with blood or serum; the lung is more dense, with occasional slight effusion, but no consolidation; the air still penetrates its vesicles, it

is not heavier than in its normal condition, floats upon water, and crepitates on pressure.

The second stage or that of red hepatization is characterized by a still greater congestion and effusion into the different parts of the lung.

The matter effused is either blood or fibrine.

The weight of the lung in this stage is increased,

Sometimes fifteen times its normal weight, and when cut open has a granular or liver like appearance, it sinks in water and does not crepitate on pressure.

The third stage is that of suppuration or gray hepatization. At the commencement of this stage the lung is still solid and smooth; and has a grayish yellow color. But as the disease advances, it gradually becomes softened, and no air can penetrate its

substance. Portions of the same lung may be in the second and third stage at the same time. Gangrene seldom takes place except in old people.

Symptoms. This disease is usually ushered in with a chill, followed by febrile reaction, the breath is short and frequent, and breathing performed almost entirely by the abdominal muscles, severe pain in the side or back part of the chest. The pain may either precede or follow the commencement of the fever. It is often in the beginning very acute and severe, it is much increased by taking a full breath, pressure between the ribs, or coughing, and it is either situated in the side, back part of the chest, or mammary region. When both lungs are inflamed it is sometimes felt on both sides of the thorax, and then again

in the region of the Sternum. This sharp pain may be owing to a diseased condition of the pleura covering the affected portion of the lung.

In many instances there is no acute pain either in the beginning or in the course of the disease, instead of acute pain the patient may complain of a dull, aching sensation, or a feeling of soreness, oppression, weight or heat, sometimes refers it to the side, then again to the anterior part of the chest, and to the epigastrium. At times the pain is rendered sensible only by a deep inspiration. The difficulty of breathing is sometimes very urgent requiring the patients to assume the erect position, and rendering it difficult for them to speak. Fever is almost always an accompaniment of severe cases, it varies in degree, some-

times so mild as to almost escape notice, then again in the highest degree intense. It is often attended with flushed cheeks, and pain in the head, from which the patient may even suffer more, than from the pain in the chest. The pulse is usually full, strong, and only moderately accelerated, then again it is very frequent from the commencement and in the latter case is apt to be smaller and less vigorous, reaching in some cases a hundred and thirty or forty per minute in the adult. The skin is usually hot and dry, urine scanty and dark, or beer colored, great thirst, ^{and} longing for cold drinks, with loss of appetite. The tongue is generally moist and coated with a yellowish white fur, but occasionally is clammy or dry and red.

7
Cough in a greater or less degree, is almost always present in the course of this disease.

It is in some instances violent and painful, in others moderate with little or no pain.

At first it is dry attended only with a little mucous expectoration, but in a day or two, a viscid semi-transparent matter is thrown up, soon after this it becomes more or less stained with blood, and assumes a reddish or rusty color. As the disease advances this discharge becomes more striking. This viscid rusty colored expectoration is probably the most characteristic sign of pneumonia, and sometimes serves as a diagnostic symptom when all the physical signs fail. When catarrhal symptoms are present the expectoration is more copious, sometimes instead of a viscid sputa, we see a copious

8
expectoration like mucilage which is more or less tinged with blood, and towards the close of fatal cases this assumes a dark appearance, and in gangrene a fetid smell.

Physical Signs These are highly important in the diagnosis of this disease. Cough and pain in the chest are sometimes wanting; and fever with headache and hurried respiration which are common to it, are the only observable phenomena. In the first stage or that of congestion, percussion affords little evidence of the condition of the lung, although the sound may be slightly impaired. The peculiar crepitant rhonchus is a very marked diagnostic symptom in this stage, and can be distinguished by the peculiar sound like that of

9
rubbing a lock of hair between the fingers close to the ear, but this is not heard after it passes into the second and third stages, except during a return of the lung to its normal state.

There is usually a slight diminution of the healthy resonance, but not so decided as to serve for a ground of diagnosis.

Auscultation is much more decisive, by this it may be discovered that the healthy vesicular murmur has given place to the crepitant rale, although they may be both heard at the same time, mingling together, before the former is quite lost. The crepitation is more audible as the disease is nearer the surface of the lung.

A full inspiration will often develop the crepitant rale, when not perceptible in ordinary

Breathing. As the disease advances into the second stage the crepitation ceases. In this stage little or no sound is heard except that of bronchial respiration, which is a characteristic sign of hepatization. Besides this there is also a stronger vocal resonance; the vibration produced in speaking being conveyed more readily through the condensed structure, thus producing bronchophony which is a characteristic sign of this stage. Percussion in this stage of the disease is very important, instead of the slight diminution of clearness observed in the stage of congestion, we have decided dulness, and sometimes flatness in the parts most consolidated. After the establishment of this stage, should resolution of the disease take place, the bronchial res-

1
-piration and bronchophony vanish by degrees,
and the crepitation returns but is generally
somewhat modified, and owing to the secretion
being more of a fluid nature, it assumes the
character of the subcrepitant rale.

The third stage is usually announced by the
recurrence of a chill. The diseased lung becomes
infiltrated with a purulent matter, and the
physical signs in a great degree fail.

However in this stage a mucocrepitating rhonchus
is heard, at first in some points, then again
in the whole of the affected portion of the lung.
Should an abscess have formed and open-
ed into the bronchia a gurgling rale is audited.
If the cavity be empty we have a cavernous res-
piration, and resonance of the voice as a diagnostic sign.

Causes: various causes combine to produce an attack of pneumonia. The most frequent are probably, checked perspiration, vicissitudes in the weather, and much exposure to extreme cold.

It may also be caused by powerful exertion of the lungs, in speaking, singing, or blowing wind instruments, also by mechanical injuries and repelled eruptions. At times a peculiar epidemic influence prevails, assisting the above mentioned causes to hasten an attack. It usually prevails most in temperate, and cold climates, and during the cold weather.

Diagnosis. The diseases with which pneumonia is most liable to be confounded, are bronchitis, pleurisy, and certain states of phthisis.

In bronchitis the sensations are more those

1
of soreness, than acute pain, and are usually seated in the anterior and upper part of the chest, behind the sternum. The expectoration though sometimes streaked with blood, has never that viscid, and rusty character as in pneumonia. These two diseases may be combined, and when the pneumonia is in the centre of the lung it is almost impossible to distinguish between them.

Prognosis. depends very much on the individuality of the patient, worse in drunkards and young children, and unfavorable when the patient can only breathe while sitting in an upright position. The disease is more mild in patients, from the age of six to twenty one years, but in old age it is extremely dangerous,

12
but if not complicated with any other disease
and occurring in persons of a good constitution,
there is every reason to hope for a favorable
termination. Blood streaked expectoration
at first is a favorable sign.

Treatment a great many remedies may
be useful in the treatment of this disease, of which
Aconite, Bell, Bryon, and Phos. are the most use-
ful and will in most cases cure this disease with-
out the aid of any others.

Aconite is indicated in young persons of a
plethoric habit, the fever is of a synochal char-
acter, pulse hard, quick, and full, the face red, the
chilliness or heat excessive, the pains in the chest
violent, with a short dry cough, and oppressed res-
piration.

16
Belladonna will follow Aconite better than any other remedy, and may be administered to persons of a lax lymphatic temperament, also where Aconite fails to remove the fever.

The principal indications, are short anxious respiration, congestion of blood to the chest, with small or quick pulse, face red throbbing headache.

Bryonia should be given after Acon and Bell, in dry meagre bilious temperament, where the patient has a constant desire to take a deep inspiration, the difficulty of breathing is not so great, cough more loose, expectoration more free and blood streaked, also where it is complicated with pleurisy.

Phosphorus should be given where the cough is dry, sputa rust-colored, great difficulty of

1
breathing, oppression of the chest; also where the disease threatens to assume a typhoid character, in threatened paralysis of the lungs, rapid prostration of strength, pale face, small feeble pulse, grasping at flocks, cool viscid sweats, dry tongue, mild delirium, or where gray hepatization is commencing.

The above are by no means all the remedies which may be found useful in the treatment of this disease, although it is believed they will be sufficient to cure a large portion even of the most obstinate cases. "Dr Fleischmann of Vienna experimented on a large number of patients having pneumonia, and he came to the conclusion that Phos. is the remedy for pneumonia, and gives it as soon as the disease becomes decided in its character."

Introduction.

In the following pages I purpose
giving a short but succinct account
of a class of diseases which for many
ages has been the scourge of humankind
and despair of Physicians, it
seems the almost inseparable
companion of Civilization.
I allude to the simple forms of
Venereal disease, Gonorrhoea and its
kindred diseases, Chancres, Phymosis,
Balanitis, Prolapsus, &c.
History of Gonorrhoea. The origin
of this disease is lost in the mists
of the most remote antiquity. The
earliest authentic records are to be
found in the inspired writings
of the famous arch-leads of the chosen
people of God in their wandering
from Egypt to the promised land.